

26-Week Wage Report

Employer _____

Employee _____

Claim number _____ Date employee last worked _____

WAGES FROM DATE OF INJURY, BACK 26 WEEKS:

	Date From	Date To	Year	# of Hours	Rate of Pay	Total Gross Pay
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.						
					TOTAL:	

This is a correct statement of Employee's earnings as actually taken from our payroll records.

Completed by: _____ (signature)

Fringe benefits – Weekly amount paid by Employer

	Amount paid	Date stopped
Dental Insurance		
Health Insurance		
Life Insurance		
Vision Insurance		
401K/Retirement		
Other		